

**ROCHELLE PARK SCHOOL DISTRICT
ROCHELLE PARK, NJ 07662**

STATE OF NEW JERSEY
COUNTY OF BERGEN

RESIDENCY FORM

Name of Person Enrolling Student: _____

Name of Student: _____

Address: _____

Home Telephone Number: _____

How long have you lived in this home? Years: _____

Do you own this home: Yes No

If you are a tenant: Do you pay rent? Yes No

Do you have a written lease? Yes No

Please provide the following to demonstrate that the address given on enrollment form is your permanent home:

HOME OWNER		TENANT	
	Utility Bill		Utility Bill
	Mortgage/Deed		Lease
			Non-rent paying affidavit (if applicable)